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PTO/SB/22 (12-04)

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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

**FY 2005**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

PPI-105

Application Number

09/996357-Conf. #1918

Filed

November 27, 2001

For **THERAPEUTIC AGENTS AND METHODS OF USE THEREOF FOR TREATING ANAMYLOIDOGENIC DISEASE**

Art Unit

1647

Examiner

C. J. Nichols

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 510.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080.

I am the

☐

applicant/inventor.

☐

assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒

attorney or agent of record. Registration Number 56,266

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attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

*Maria Laccotripe*

Signature

May 24, 2005

Date

Maria Laccotripe Zacharakis, Ph.D., J.D.

Typed or printed name

(617) 227-7400

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

Total of \_\_\_\_\_ forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 553 863 315 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 24, 2005

Signature: *Maria Laccotripe*

(Maria Laccotripe Zacharakis, Ph.D., J.D.)

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